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2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

Antigua and Barbuda, Lebanon and Swaziland:* draft resolution

Consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2030

The General Assembly,

Reaffirming the 2030 Agenda for Sustainable Development,[1] including the resolve of Member States to eliminate malaria by 2030, and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development,[2]

Recalling that the period 2001-2010 was proclaimed by the General Assembly as the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa,[3] and that combating HIV/AIDS, malaria, tuberculosis and other diseases is included in the internationally agreed development goals, including the Millennium Development Goals,

Recalling also its resolution 70/300 of 9 September 2016 and all previous resolutions concerning the struggle against malaria in developing countries, particularly in Africa,

Recalling further World Health Assembly resolutions 60.18 of 23 May 2007 and 64.17 of 24 May 2011, urging a broad range of national and international actions to scale up malaria control programmes,[4] resolution 61.18 of 24 May 2008 on monitoring the achievement of health-related Millennium Development Goals[5]

* On behalf of the States Members of the United Nations that are members of the Group of African States.

[1] Resolution 70/1.

[2] Resolution 69/313, annex.

[3] Resolution 55/284.

[4] See World Health Organization, documents WHASS1/2006-WHA60/2007/REC/1 and WHA64/2011/REC/1.

[5] See World Health Organization, document WHA61/2008/REC/1.

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and resolution 68.2 of 22 May 2015 on the global technical strategy and targets for malaria 2016-2030,[6]

Welcoming the adoption of the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance,[7] and in this regard noting the impact of antimicrobial resistance,

Recalling the commitment made by African leaders to end the epidemic of malaria by ensuring universal and equitable access to quality health care and by improving health systems and health financing, contained in the African Common Position on the post-2015 development agenda,

Bearing in mind the relevant resolutions of the Economic and Social Council relating to the struggle against malaria and diarrhoeal diseases, in particular resolution 1998/36 of 30 July 1998,

Taking note of all declarations and decisions on health issues, in particular those related to malaria, adopted by the Organization of African Unity and the African Union, including the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, containing the pledge to allocate at least 15 per cent of national budgets to the health sector, the Abuja call for accelerated action towards universal access to HIV and AIDS, tuberculosis and malaria services in Africa, issued by the Heads of State and Government of the African Union at its special summit on HIV and AIDS, tuberculosis and malaria, held in Abuja from 2 to 4 May 2006, the decision of the Assembly of the African Union at its fifteenth ordinary session, held in Kampala from 25 to 27 July 2010, to extend the Abuja call to 2015 to coincide with the Millennium Development Goals, and the declaration of the special summit of the African Union on HIV/AIDS, tuberculosis and malaria, held in Abuja from 12 to 16 July 2013,

Recognizing the leadership provided by the African Leaders Malaria Alliance and the continued commitment to help to achieve the 2015 targets and eliminate malaria by 2030, and encouraging the members of the Alliance to continue to provide political leadership at the highest level in the fight against malaria in Africa,

Welcoming the leadership and commitment of the Asia Pacific Leaders Malaria Alliance to eliminate malaria in the Asia-Pacific region by 2030, and encouraging the members of the Alliance to continue to provide political leadership at the highest level in the fight against malaria in the region,

Welcoming also the launch of the Africa Centres for Disease Control and Prevention to establish early warning and response surveillance systems, respond to emergencies, build capacity and provide technical expertise to address health emergencies in a timely and effective manner,

Taking note of the Global Technical Strategy for Malaria 2016-2030 of the World Health Organization, adopted by the World Health Assembly in May 2015,[6] and the Action and Investment to Defeat Malaria 2016-2030 plan of the Roll Back Malaria Partnership, launched at the third International Conference on Financing for Development, held in Addis Ababa from 13 to 16 July 2015, which together provide the framework for achieving a reduction in global malaria incidence and mortality rates by at least 90 per cent by 2030, in line with the 2030 Agenda,

Taking note also of the World Health Organization framework for action for an emergency response to artemisinin resistance in the Greater Mekong subregion of South-East Asia, launched in April 2013,

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[6] See World Health Organization, document WHA68/2015/REC/1.

[7] Resolution 71/3.

Reaffirming the Declaration of Alma-Ata, adopted at the International Conference on Primary Health Care, held in Alma-Ata from 6 to 12 September 1978, and its central role in launching the vision of the World Health Organization on health for all,

Recognizing the linkages among efforts being made to reach the targets set at the Extraordinary Summit of Heads of State and Government of the Organization of African Unity, held in Abuja on 24 and 25 April 2000, as necessary and important for the attainment of the "Roll Back Malaria" goal[8] and the targets of the Millennium Development Goals by 2010 and 2015, respectively, and welcoming in this regard the commitment of Member States to respond to the specific needs of Africa,

Acknowledging the remarkable progress seen in global malaria control between 2000 and 2015, including an estimated 60 per cent decline in malaria mortality rates among all age groups and a 65 per cent decline among children under 5 years of age,[9]

Recognizing that continued scale-up of integrated community case management of malaria, pneumonia and diarrhoea in children under 5 years of age in the highest burden countries, and a strengthening of integrated delivery systems for malaria prevention tools, would be a cost-effective solution to help in bridging systems gaps until health systems are further strengthened,[10] while also helping to reach populations at highest risk of malaria,

Recalling that the target for malaria reduction under Millennium Development Goal 6 has been achieved,[11] with an estimated 37 per cent decline in global malaria case incidence between 2000 and 2015,

Recognizing the important gains in reversing the malaria burden in Africa, including a 42 per cent decline in malaria case incidence and a 66 per cent decline in malaria death rates between 2000 and 2015,[9]

Acknowledging the progress made in parts of Africa in reversing the high burden of malaria through political engagement and sustainable national malaria control programmes, as well as the success achieved in respect of the 2015 goals concerning malaria control set by the World Health Assembly, the Roll Back Malaria Partnership and the Abuja Declaration on Roll Back Malaria in Africa,[8]

Acknowledging also the progress made in Latin America in reducing the incidence of malaria, with 15 out of 21 countries reducing the incidence by 75 per cent by 2015, and in significantly decreasing the number of malaria deaths by 79 per cent since 2000, owing to the commitment of countries to improving access to medicines and health services and to sustained efforts in prevention programmes,

Recognizing that, despite the fact that increased global and national investments in malaria control have yielded significant results in decreasing the burden of malaria in many countries, and that some countries are moving towards the elimination of malaria, many countries continue to have unacceptably high burdens of malaria and, in order to reach the internationally agreed development goals, including the Sustainable Development Goals, must rapidly increase malaria prevention and control efforts, which rely heavily on medicines and insecticides whose utility is continuously threatened by the development of resistance to

[8] See A/55/240/Add.1, annex.

[9] See World Health Organization, *World Malaria Report, 2016*.

[10] See A/71/881, para. 39.

[11] See resolution 55/2. Millennium Development Goal 6, target 6.C, called for halting and beginning to reverse the incidence of malaria by 2015.

antimalarial agents, as well as resistance of mosquitoes to insecticides and their shift to outdoor biting and resting,

Aware that recent successes in prevention and control are fragile and can be maintained only with sufficient and sustained national and international investment to fund global malaria control efforts fully,

Regretting the high number of people still without access to medicines, and underscoring that improving access to medicines could save millions of lives every year,

Recognizing the serious challenges relating to substandard and falsified medical products, poor malaria diagnostics and poor quality of vector control products,

Expressing concern about the continued morbidity, mortality and debility attributed to malaria, and recalling that more efforts are needed as countries transition from the Millennium Development Goals to the Sustainable Development Goals and focus on targets set out in the Global Technical Strategy for Malaria 2016-2030 and the Action and Investment to Defeat Malaria 2016-2030 plan to reduce malaria mortality rates by 90 per cent by 2030,

Aware that a concerted and coordinated global effort will be needed to substantially reduce malaria transmission, morbidity and mortality by 2030 and achieve the targets set in the Global Technical Strategy for Malaria 2016-2030,

Recognizing that progress can be accelerated through a multi-pronged response by expanding currently available life-saving interventions, making malaria a higher political priority and considering malaria control as an integrated part of the health system, increasing accountability, strengthening regional and cross-border collaboration, and ensuring that the development and use of new tools and approaches are maximized,

Gravely concerned about the health burden of malaria worldwide, with 212 million cases and 429,000 deaths reported in 2015 alone,[9] in particular in sub-Saharan Africa, where an estimated 90 per cent of the deaths occur, affecting mostly young children,

Emphasizing the importance of strengthening health systems to effectively sustain malaria control and elimination efforts and enable appropriate responses to other health issues and emergencies, including investment in entomology and vector control for human resources and infrastructures,

Acknowledging that the expansion of malaria interventions can be used as an entry point for strengthening health systems more broadly, including maternal and child health services and laboratory services, and for building stronger health information and disease surveillance systems, which will further support the effective case management of malaria,

Commending the efforts of the World Health Organization, the United Nations Children's Fund, the Roll Back Malaria Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and other partners to fight malaria over the years,

1. *Welcomes* the report of the World Health Organization,[12] and calls for support for the implementation of the recommendations contained therein;

2. *Calls for* increased support for the implementation of international commitments and goals pertaining to the fight against malaria, including Goal 3,

[12] See A/70/833.

target 3.3, of the Sustainable Development Goals,[1] as well as the related targets outlined in the Global Technical Strategy for Malaria 2016-2030 of the World Health Organization;[6]

3. *Takes note with appreciation* of the Catalytic Framework to End AIDS and Tuberculosis and Eliminate Malaria in Africa by 2030 adopted by the African Union at its twenty-seventh Summit, held in Kigali from 10 to 18 July 2016;

4. *Welcomes* the decision of the Assembly of Heads of State and Government of the African Union at its twenty-ninth ordinary session, held in Addis Ababa in July 2017, in which it endorsed the two million community health workers initiative and requested the Joint United Nations Programme on HIV/AIDS, the World Health Organization and other partners, such as the Group of 20, to support and facilitate its implementation;

5. *Encourages* malaria-endemic countries to increase the domestic resources they make available to combat the disease and to review and strengthen national strategic plans in line with technical recommendations of the World Health Organization and embed those firmly in national health sector and development plans;

6. *Calls upon* Member States, with the support of development partners, to provide universal access to existing life-saving tools for the prevention, diagnosis and treatment of malaria, in particular to the package of core interventions recommended by the World Health Organization,[13] and to ensure equity in access to health services for all people at risk of contracting malaria, especially for the most vulnerable and hard-to-reach populations, including by strengthening cross-collaboration;[14]

7. *Encourages* Member States, relevant organizations of the United Nations system, international institutions, non-governmental organizations, the private sector and civil society to continue to observe World Malaria Day on 25 April, in order to raise public awareness of and knowledge about the prevention, control and treatment of malaria as well as the importance of meeting the Sustainable Development Goals, and stresses the importance of engaging local communities in this regard;

8. *Encourages* the Special Envoy of the Secretary-General for Malaria to continue raising issues relating to malaria in collaboration with other United Nations organizations already working on those issues in the context of the international political and development agendas and to work with national and global leaders to intensify efforts to secure the political commitment, partnerships and funds to drastically reduce malaria deaths by at least 90 per cent by 2030 through increased access to prevention, diagnosis and treatment, especially in Africa;

9. *Acknowledges* the urgent need to optimize existing health financing in general, including support for malaria control through the use of surveillance to increase programmatic impact and efficiency, while also recognizing that funding should increase substantially if the Global Technical Strategy for Malaria 2016-2030 milestone for 2020 of $6.4 billion per year is to be achieved;

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[13] The package of core interventions, including quality-assured vector control, chemoprevention and diagnostic testing and treatment, can dramatically reduce morbidity and mortality (see para. 36 of the Global Technical Strategy for Malaria 2016-2030).

[14] The call in the Global Malaria Programme of the World Health Organization for universal access to prevention, diagnosis and treatment, and for equity in access to services, are also key pillars of its Global Technical Strategy for Malaria 2016-2030.

10. *Acknowledges* the commitments of financial support provided through multilateral and bilateral channels, and recognizes the need for a substantial increase in financial support to meet the targets of the Global Technical Strategy for Malaria 2016-2030, from an annual investment of 2.5 billion United States dollars in 2014 to 8.7 billion dollars by 2030;[6]

11. *Welcomes* the commitments of financial support, while recognizing the need for additional funding to achieve malaria elimination targets, for malaria interventions and for research and development of preventive, diagnostic and control tools from the international community, through funding from multilateral and bilateral sources and from the private sector, as well as by making predictable financing available through appropriate and effective aid modalities and in-country health financing mechanisms aligned with national priorities, which are key to strengthening health systems, including malaria surveillance, and promoting universal and equitable access to high-quality malaria prevention, diagnostic and treatment services, and noting in this regard that a high level of external assistance per person at risk of contracting malaria is associated with a decrease in the incidence of the disease;

12. *Urges* the international community, United Nations agencies and private organizations and foundations to support the implementation of the Global Technical Strategy for Malaria 2016-2030, including through support for the complementary Action and Investment to Defeat Malaria 2016-2030 plan and for programmes and activities at the country level in order to achieve internationally agreed targets on malaria;

13. *Calls upon* the international community to continue to support the Roll Back Malaria Partnership and partner organizations, including the World Health Organization, the World Bank and the United Nations Children's Fund, as vital complementary sources of support for the efforts of malaria-endemic countries to combat the disease;

14. *Urges* the international community to work in a spirit of cooperation towards effective, increased, harmonized, predictable and sustained bilateral and multilateral assistance and research to combat malaria, including support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to assist States, in particular malaria-endemic countries, to implement sound national plans, in particular health plans and sanitation plans, including malaria control and elimination strategies which may include evidence-based, cost-effective and context-appropriate environmental management solutions, and integrated management of childhood illnesses, in a sustained and equitable way that, inter alia, contributes to strengthening health system development approaches at the district level;

15. *Appeals* to the malaria partners to resolve the financial, supply chain and delivery bottlenecks that are responsible for stock-outs of long-lasting insecticide-treated nets, insecticides for indoor and outdoor residual spraying, rapid diagnostic tests and artemisinin-based combination therapies at the national level, whenever they occur, including through the strengthening of malaria programme management at the country level;

16. *Welcomes* the contribution to the mobilization of additional and predictable resources for development by voluntary innovative financing initiatives taken by groups of Member States, and in this regard notes the contributions of the International Drug Purchase Facility, UNITAID, the International Finance Facility for Immunization, the advance market commitments for vaccines and Gavi, the Vaccine Alliance, and expresses support for the work of the Leading Group on

Innovative Financing for Development and its special task force on innovative financing for health;

17. *Urges* malaria-endemic countries to work towards financial sustainability, to increase national resources allocated to malaria control and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria services, as well as to build on synergies with other development priorities, including the strengthening of health systems and engagement with development partners on implementing an effective vector control response,[15] as a contribution to the achievement of universal health coverage;

18. *Urges* Member States to assess and respond to the needs for integrated human resources at all levels of the health system in order to achieve the Sustainable Development Goals, to take action, as appropriate, to effectively govern the recruitment, training and retention of skilled health personnel, and to give particular focus to the availability of skilled personnel at all levels to meet technical and operational needs as increased funding for malaria control programmes becomes available;

19. *Stresses* the importance of improved community-based systems to control malaria, bearing in mind that families are often the starting point for effective health care for a child with a fever, and encourages malaria-endemic countries to extend the reach of public health services by training and deploying community health workers, particularly in rural and remote areas, and to expand integrated community case management of malaria, pneumonia and diarrhoea, with a focus on children under 5 years of age;[6]

20. *Affirms* that close collaboration with community leaders and implementing partners, including non-governmental organizations, health workers and volunteers, is an essential factor for success in combating malaria, and calls upon Member States to introduce integrated, people-centred community services, in coordination with health care providers in the public and private sectors, and to continue efforts to collaborate with non-governmental partners, health workers and volunteers in implementing community-based approaches to reach populations in remote and hard-to-reach areas;[6]

21. *Calls upon* Member States to promote access to medicines, and emphasizes that access to affordable and quality medicines and medical care in the event of sickness, as well as in the prevention, treatment and control of diseases, is central to the realization of the right to the enjoyment of the highest attainable standard of physical and mental health;

22. *Urges* the international community, inter alia, to support the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria to enable it to meet its financial needs and, through country-led initiatives with adequate international support, to intensify access to affordable, safe and effective antimalarial treatments, including artemisinin-based combination therapies, intermittent preventive therapies for pregnant women, children under 5 and infants, adequate diagnostic facilities, long-lasting insecticide-treated mosquito nets, including, where appropriate through the free distribution of such nets and, where appropriate, to insecticides for indoor residual spraying for malaria control, taking into account relevant international rules, including the Stockholm Convention on Persistent Organic Pollutants[16] standards and guidelines;

[15] See A/71/881, para. 41.

[16] United Nations, *Treaty Series*, vol. 2256, No. 40214.

23. *Urges* relevant international organizations, in particular the World Health Organization and the United Nations Children's Fund, to enhance the assistance efforts of national Governments to provide universal access to malaria control interventions to address all at-risk populations, in particular young children and pregnant women, in malaria-endemic countries, particularly in Africa, as rapidly as possible, with due regard to ensuring the proper use of those interventions, including long-lasting insecticide-treated nets, and sustainability through full community participation and implementation through the health system;

24. *Calls upon* Member States, in particular malaria-endemic countries, with the support of the international community, to establish and/or strengthen national policies, operational plans and research, with a view to scaling up efforts to achieve internationally agreed malaria targets, in accordance with the technical recommendations of the World Health Organization;

25. *Commends* those African countries that have implemented the recommendations of the Abuja Summit in 2000 to reduce or waive taxes and tariffs for nets and other products needed for malaria control,[8] and encourages other countries to do the same;

26. *Calls upon* United Nations agencies and their partners to continue to provide the technical support necessary to build and enhance the capacity of Member States to implement the Global Technical Strategy for Malaria 2016-2030, together with the Action and Investment to Defeat Malaria 2016-2030 plan, to meet the internationally agreed goals;

27. *Expresses deep concern* about emerging drug and insecticide resistance in several regions of the world, calls upon Member States, with support from the World Health Organization and other partners, to implement the Global Plan for Artemisinin Resistance Containment and the Global Plan for Insecticide Resistance Management in Malaria Vectors and to strengthen and implement surveillance systems for monitoring and assessing changing patterns of drug and insecticide resistance, calls upon the World Health Organization to support Member States in the development of their national insecticide resistance management strategies and to coordinate support at the international level for countries to ensure that drug efficacy and insecticide resistance testing is fully operational in order to enhance the use of artemisinin-based combination therapies and insecticides, and stresses that the data gathered should be utilized to inform local decisions and for further research and development of safe and effective therapies and new vector control tools;

28. *Urges* all Member States to prohibit the marketing and use of oral artemisinin-based monotherapies and to replace them with oral artemisinin-based combination therapies, as recommended by the World Health Organization, and to develop the financial, legislative and regulatory mechanisms necessary to introduce artemisinin combination therapies at affordable prices in both public and private facilities;

29. *Recognizes* the importance of the development of safe, affordable and cost-effective vaccines, new medicines and diagnostics to prevent and treat malaria and the need for further and accelerated research, including into safe, effective and high-quality therapies, using rigorous standards, including by providing support to the Special Programme for Research and Training in Tropical Diseases,[17] through effective global partnerships, such as, inter alia, the various malaria vaccine initiatives and the Medicines for Malaria Venture, where necessary stimulated by

[17] A joint programme of the United Nations Children's Fund, the United Nations Development Programme, the World Bank and the World Health Organization.

new incentives to secure their development, and through effective and timely support for the pre-qualification of new antimalarials and their combinations;

30. *Recognizes* the importance of innovation in addressing the challenges to eliminating malaria, including the role of the World Intellectual Property Organization, in particular its Re:Search platform;

31. *Calls upon* the international community, including through existing partnerships, to increase investment in and efforts towards research to optimize current tools, develop and validate new, safe and affordable malaria-related medicines, products and technologies, such as vaccines, rapid diagnostic tests, insecticides and their delivery modes, to prevent and treat malaria, especially for at-risk children and pregnant women, and test opportunities for integration in order to enhance effectiveness and delay the onset of resistance;

32. *Calls upon* malaria-endemic countries to assure favourable conditions for research institutions, including the allocation of adequate resources and the development of national policies and legal frameworks, where appropriate, with a view to, inter alia, informing policy formulation and strategic interventions on malaria;

33. *Reaffirms* the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), the Doha Declaration on the TRIPS Agreement and Public Health, the decision of the General Council of the World Trade Organization of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health, and, when formal acceptance procedures are completed, the amendment to article 31 of the Agreement, which provide flexibilities for the protection of public health, and in particular to promote access to medicines for all and to encourage the provision of assistance to developing countries in this regard, and calls for the broad and timely acceptance of the amendment to article 31 of the Agreement, as proposed by the General Council of the World Trade Organization in its decision of 6 December 2005;

34. *Recognizes* the importance in the struggle against malaria of the World Health Organization Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, adopted by the World Health Assembly on 24 May 2008;[5]

35. *Calls upon* malaria-endemic countries, development partners and the international community to support the timely replacement of long-lasting insecticide-treated nets in accordance with the recommendations of the World Health Organization on the service lives of the nets, in order to prevent the risk of malaria resurgence and a reversal of the gains made to date;

36. *Takes note* of the essential contribution of the scientific community and the private sector, and stresses that new products such as improved diagnostic tools, more effective medicines and vaccines, new insecticides and more durable insecticide-treated bed nets are all fundamental to ensuring sustained progress in efforts to combat the disease;[18]

37. *Calls upon* the international community to support ways to expand access to affordable, effective and safe products and treatments, such as vector control measures, including indoor residual spraying, long-lasting insecticide-treated nets, including through the free distribution of such nets, adequate diagnostic facilities, intermittent preventive therapies for pregnant women, children

[18] See A/71/881, para. 44.

under 5 and infants, and artemisinin-based combination therapy for populations at risk of falciparum malaria infection in endemic countries, particularly in Africa, including through additional funds and innovative mechanisms, inter alia, for the financing and scaling up of artemisinin production and procurement, as appropriate, to meet the increased need;

38. *Recognizes* the impact of the Roll Back Malaria Partnership, and welcomes the increased level of public-private partnerships for malaria control and prevention, including the financial and in-kind contributions of private sector partners and companies operating in Africa, as well as the increased engagement of non-governmental service providers;

39. *Encourages* the producers of long-lasting insecticide-treated nets and insecticides to accelerate technology transfer to developing countries, and invites the World Bank and regional development funds to consider supporting malaria-endemic countries in establishing factories to scale up production of long-lasting insecticide-treated nets and insecticides, where appropriate;

40. *Calls upon* Member States and the international community, especially malaria-endemic countries, in accordance with existing guidelines and recommendations of the World Health Organization and the requirements of the Stockholm Convention related to the use of DDT, to become fully knowledgeable about the technical policies and strategies of the World Health Organization and the provisions of the Stockholm Convention, including for indoor residual spraying, long-lasting insecticide-treated nets and case management, intermittent preventive therapies for pregnant women, children under 5 and infants, monitoring of in vivo resistance studies to artemisinin-based combination therapies and monitoring and managing insecticide resistance and outdoor malaria transmission, as well as to increase capacity for the registration and uptake of new vector control tools, the safe, effective and judicious use of indoor residual spraying and other forms of vector control, including quality control measures, in accordance with international rules, standards and guidelines;

41. *Requests* the World Health Organization, the United Nations Children's Fund and donor agencies to provide support to those countries that choose to use DDT for indoor residual spraying so as to ensure that it is implemented in accordance with international rules, standards and guidelines, and to provide all possible support to malaria-endemic countries to manage the intervention effectively and prevent the contamination, in particular, of agricultural products with DDT and other insecticides used for indoor residual spraying;

42. *Recognizes* the importance of a multisectoral strategy to advance global control efforts, invites malaria-endemic countries to consider adopting and implementing the Multisectoral Action Framework for Malaria, developed by the Roll Back Malaria Partnership and the United Nations Development Programme, and encourages regional and intersectoral collaboration, both public and private, at all levels, especially in education, health, agriculture, economic development and the environment, to advance malaria control objectives;

43. *Also recognizes* the need to strengthen malaria surveillance and data quality in all endemic regions, a key pillar of the Global Technical Strategy for Malaria 2016-2030, to enable Member States to direct financial resources to populations most in need and to respond effectively to disease outbreaks;

44. *Calls upon* Member States and the international community to strengthen mechanisms for country-based coordination of technical assistance to achieve alignment of the best approaches to implement World Health Organization technical guidance and to mobilize support for the sharing and analysis of best practices to

address urgent programmatic challenges, to improve monitoring and evaluation and to conduct regular financial planning and gap analysis;

45. *Encourages* sharing, across regions, of knowledge, experience and lessons learned with regard to the control and elimination of malaria, particularly between the Africa, Asia-Pacific and Latin America regions;

46. *Calls upon* the international community to support the strengthening of health systems, national pesticide and/or pharmaceutical policies and national drug and pesticide regulatory authorities, to monitor and fight against the trade in substandard and falsified medical products, such as substandard antimalarial medicines, pesticides and/or nets, and prevent their distribution and use, and to support coordinated efforts, inter alia, by providing technical assistance for compliance with existing commitments and international regulations on the use of pesticides and to improve surveillance, monitoring and evaluation systems and their alignment with national plans and systems so as to better track and report changes in coverage, the need for scaling up recommended interventions and the subsequent reductions in the burden of malaria;

47. *Encourages* Member States, the international community and all relevant actors, including the private sector, to promote the coordinated implementation and enhance the quality of malaria-related activities, in accordance with national policies and operational plans that are consistent with the technical recommendations of the World Health Organization and recent efforts and initiatives, including, where appropriate, the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action, adopted at the Third High-level Forum on Aid Effectiveness, held in Accra from 2 to 4 September 2008,[19] and the Busan Partnership for Effective Development Cooperation, which make important contributions to the efforts of the countries that have made commitments to them, and the Nairobi outcome document of the High-level United Nations Conference on South-South Cooperation;[20]

48. *Recognizes* the need for political commitment and financial support to sustain and expand the achievements in the struggle against malaria and to meet the international malaria targets through prevention and malaria control efforts to end the epidemic, while acknowledging the remarkable progress in combating malaria to date;

49. *Requests* the Secretary-General, in close collaboration with the Director-General of the World Health Organization and in consultation with Member States, to report to the General Assembly at its seventy-second session on the implementation of the present resolution.

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[19] A/63/539, annex.

[20] Resolution 64/222, annex.